

<i>SERFF Tracking Number:</i>	<i>THRV-126376538</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Thrivent Financial for Lutherans</i>	<i>State Tracking Number:</i>	<i>44063</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>A06I Individual Annuities - Immediate Variable</i>	<i>Sub-TOI:</i>	<i>A06I.000 Annuities ? Immediate Variable</i>
<i>Product Name:</i>	<i>Replacement Face Page SPIVA</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Thrivent Financial for Lutherans

Product Name: Replacement Face Page SPIVA SERFF Tr Num: THRV-126376538 State: Arkansas

TOI: A06I Individual Annuities - Immediate Variable  
SERFF Status: Closed-Approved-Closed State Tr Num: 44063

Sub-TOI: A06I.000 Annuities ? Immediate Variable  
Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Author: Karen Guyette

Date Submitted: 11/09/2009

Reviewer(s): Linda Bird

Disposition Date: 11/16/2009

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/16/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 11/16/2009

Created By: Karen Guyette

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Karen Guyette

Filing Description:

In order to comply with Arkansas Rule 97 Life Insurance And Annuities Replacement, we are submitting for your review and approval the following two forms.

Replacement Face Page, Form 4470R

This replacement face page will be used with Single Premium Immediate Variable Annuity Contract, form 4470, which was approved by your department on 2/17/999. This replacement face page will be used in place of the existing contract face page when the application for insurance indicates that a replacement is involved. The replacement face page contains the 30-day notice of right to return the contract.

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## Life and Annuity Replacement Supplement, Form 8026RPL R2-2001

This supplement will be used with Application for Variable Immediate Annuity, form VM8026AR R9-2000, which was approved by your Department on 9/21/2000. It satisfies the requirements of Section 4 (A) and (D) of Arkansas Rule 97.

## Company and Contact

### Filing Contact Information

Karen Guyette, Compliance Specialist II      karen.guyette@Thrivent.com  
 625 Fourth Ave. South      800-847-4836 [Phone] 37251 [Ext]  
 Minneapolis, MN 55415      612-340-5040 [FAX]

### Filing Company Information

Thrivent Financial for Lutherans	CoCode: 56014	State of Domicile: Wisconsin
4321 North Ballard Road	Group Code: 2938	Company Type: Fraternal
Appleton, WI 54919-0001	Group Name:	State ID Number:
(800) 847-4836 ext. [Phone]	FEIN Number: 39-0123480	

## Filing Fees

Fee Required?      Yes

Fee Amount:      \$40.00

Retaliatory?      No

Fee Explanation:      2 forms X \$20 = \$40

Per Company:      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Thrivent Financial for Lutherans	\$40.00	11/09/2009	31902925

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Product Name:      *Replacement Face Page SPIVA*  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/16/2009	11/16/2009

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*State:*      *Arkansas*

*Filing Company:*      *Thrivent Financial for Lutherans*

*State Tracking Number:*      *44063*

*Company Tracking Number:*

*TOI:*      *A06I Individual Annuities - Immediate Variable*      *Sub-TOI:*

*A06I.000 Annuities ? Immediate Variable*

*Product Name:*      *Replacement Face Page SPIVA*

*Project Name/Number:*      */*

## **Disposition**

Disposition Date: 11/16/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	THR-126376538	State:	Arkansas
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Product Name:	Replacement Face Page SPIVA		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Replacement Face Page		Yes
Form	Life and Annuity Replacement Supplement		Yes

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## Form Schedule

Lead Form Number: 4470R

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	4470R	Other	Replacement Face Page	Initial			Replacement Face Page 4470R.pdf
	8026RPL R2-2001	Application/Life and Annuity Enrollment Form	Replacement Supplement	Initial			Replacement Supplement 8026RPL R2-2001.pdf

JOHN E. DOE  
JUNE 20, 2005  
1234567

# THRIVENT FINANCIAL FOR LUTHERANS

A FRATERNAL BENEFIT SOCIETY

## SINGLE PREMIUM IMMEDIATE VARIABLE ANNUITY

- Single premium
- Periodic payments
- Participating

ANNUITY PAYMENTS AND DEATH PROCEEDS UNDER THIS CERTIFICATE, WHEN BASED ON THE PERFORMANCE OF THE VARIABLE ACCOUNT, MAY INCREASE OR DECREASE DAILY. THEY ARE NOT GUARANTEED AS TO DOLLAR AMOUNT.

CERTIFICATE BENEFITS ARE VARIABLE. SEE SECTION 3 PAYMENT OF CERTIFICATE PROCEEDS AND SECTION 5 FIXED AND VARIABLE ACCOUNTS.

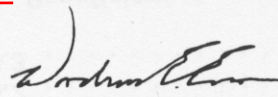
This is Your certificate of membership and single premium immediate variable annuity with Thrivent Financial for Lutherans. It is a legal contract between You and Thrivent.

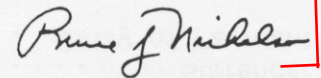
This certificate is issued in consideration of the application and the payment of the first premium.

### NOTICE OF 30 DAY RIGHT TO CANCEL

**READ THIS CERTIFICATE CAREFULLY.** Within 30 days after You receive this certificate, You may cancel it for any reason. The certificate must be delivered or mailed with a written request to Your Thrivent district representative or Our service center. Within 7 days after We receive Your request for cancellation, We will refund the free look value of this certificate. Any annuity payments that have been made will be deducted from this refund. If returned, this certificate will be void from the beginning.

Signed for Thrivent Financial for Lutherans at the home office, 4321 N. Ballard Road, Appleton, WI 54919. Our telephone number is: (800) 847-4836.

  
Secretary

  
President



**Thrivent Financial  
for Lutherans®**

## Life and Annuity Replacement Supplement

Thrivent ID

### Section A

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are one or more existing life insurance policies or annuity contracts in force on the proposed insured with any other insurance company or Thrivent?
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Name of applicant (print title, first, middle, last name and suffix, as applicable)

Name of additional applicant (print title, first, middle, last name and suffix, as applicable)

Name of additional applicant (print title, first, middle, last name and suffix, as applicable)

Name of additional applicant (print title, first, middle, last name and suffix, as applicable)

Name of additional applicant (print title, first, middle, last name and suffix, as applicable)

Name of producer (print title, first, middle, last name and suffix, as applicable)

Signature of applicant and date signed (mm/dd/yyyy)

Signature of additional applicant and date signed (mm/dd/yyyy)

Signature of additional applicant and date signed (mm/dd/yyyy)

Signature of additional applicant and date signed (mm/dd/yyyy)

Signature of additional applicant and date signed (mm/dd/yyyy)

Signature of producer and date signed (mm/dd/yyyy)

### Section B

In replacement situations, state regulations require that all sales materials, specific to the product sold, be left with the applicant.

List by form number all product sales materials (print or electronic) used for the product sold:

I certify that:

- Only Thrivent approved sales materials were used in this sale.
- A copy of all print sales materials used in this sale were left with the applicant.
- A copy of any electronically presented sales materials used in this sale will be provided to the policy or contract holder in printed form no later than at the time of the policy or contract delivery.

Signature of producer and date signed (mm/dd/yyyy)

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> AR SPIVA Ctf of Compliance.pdf		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> N/A - no policy being filed at this time. <b>Comments:</b>	Item Status:	Status Date:
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo <b>Bypass Reason:</b> N/A - no policy being filed at this time. <b>Comments:</b>	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b> AR SPIVA Statement of Variability.pdf	Item Status:	Status Date:

**CERTIFICATION  
OF  
COMPLIANCE**

FORM NUMBER

**4470R**

FORM TITLE

**Replacement Face Page**

**8026RPL R2-2001**

**Life And Annuity Replacement Supplement**

I certify that the above form submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance Department.

\_\_\_\_\_  
Signature of Officer

**David J. Christianson**

Name (Typed or Printed)

**Director, Contract Forms and Compliance**

Title

**November 9, 2009**

Date

## **STATEMENT OF VARIABILITY**

### **Replacement Face Page, Form 4470R**

The following items have been bracketed to indicate that the information may be different in different replacement face pages or may be subject to change:

- Name of annuitant is specific to each annuitant
- Date of issue is the date the application is signed
- Contract Number is different for each contract that we issue
- Officers' signatures will change if new officers are elected